

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 476)**

SERIAL NO.

APPLICATION

FILING DATE

09/253178 2-19-99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	INO.	OCF.	INO.	OCF.	INO.	OCF.		INO.	OCF.	INO.	OCF.	INO.	OCF.
1							61						
2							62						
3							63						
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5							65						
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38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL INO.	4						TOTAL INO.	0					
TOTAL OCF.	46						TOTAL OCF.	21					
TOTAL	50						TOTAL	21					